FEDERAL EMERGENCY MANAGEMENT AGENCY

REQUEST FOR PUBLIC ASSISTANCE

O.M.B. No. 3067-0151 Expires April 30, 2001

PAPERWORK BURDEN DISCLOSURE NOTICE

Public reporting burden for this form is estimated to average 10 minutes. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the needed data, and completing and submitting the forms. You are not required to respond to this collection of information unless a valid OMB control number is displayed in the upper right corner of the forms. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing the burden to: Information Collections Management, Federal Emergency Management Agency, 500 C Street, SW, Washington, DC 20472, Paperwork Reduction Project (3067-0151). **NOTE:** Do not send your completed form to this address.

| APPLICANT (Political subdivision or eligible applicant.) | | | | DATE SUBMITTED |
|---|--|--|---|--|
| COUNTY (Location of Damages. If located in multiple counties, please indicate.) | | | | |
| APPLICANT PHYSICAL LOCATION | | | | |
| STREET ADDRESS | | | | |
| CITY | COUNTY | | STATE | ZIP CODE |
| MAILING A | ADDRESS (If diffe | erent from Physical Lo | ocation) | • |
| STREET ADDRESS | | | | |
| POST OFFICE BOX | CITY | | STATE | ZIP CODE |
| Primary Contact/Applicant's Authorized Agent | | Alternate Contact | | |
| NAME | | NAME | | |
| TITLE | | TITLE | | |
| BUSINESS PHONE | | BUSINESS PHONE | | |
| FAX NUMBER | | FAX NUMBER | | |
| HOME PHONE (Optional) | | HOME PHONE (Optional) | | |
| CELL PHONE | | CELL PHONE | | |
| E-MAIL ADDRESS | | E-MAIL ADDRESS | | |
| PAGER & PIN NUMBER | | PAGER & PIN NUMBER | | |
| Did you participate in the Federal/State Preliminary Damage Assessment (PDA)? | | | | |
| Private Non-Profit Organization? Yes If yes, which of the facilities below best descr | □No | , | <u> </u> | |
| Title 44 CFR, part 206.221(e) defines an eligemergency, medical or custodial care facility, inclugovernmental type services to the general public, service facility" means museums, zoos, communifacilities, shelter workshops and facilities which pumust be open to the general public. | uding a facility for t and such facilities ty centers, libraries | the aged or disabled, a s on Indian reservations s, homeless shelters, s | nd other facil a." "Other ess enior citizen | ity providing essential sential sential governmental centers, rehabilitation |
| Private Non-Profit Organizations must attach copies of their Tax Exemption Certificate and Organization Charter or By-Laws. If your organization is a school or educational facility, please attach information on accreditation or certification. | | | | |
| Official Use Only: FEMADR- | | FIPS # | Da | ite Received: |